

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445286	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED  08/23/2011
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NAME OF PROVIDER OR SUPPLIER

FAIRPARK HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

307 N FIFTH ST BOX 5477  
MARYVILLE, TN 37801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the proper air flow is maintained throughout the building. The findings include: Observation on August 22, 2011 between 10:00 a.m. and 2:00 p.m. revealed the following clean linen areas with no positive air flow. 1. 100 Hall with two (2) clean linen rooms. 2. 200 Hall with three (3) clean linen rooms.</p>	K 067	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The HVAC Contractor is scheduled to begin installing positive air flow ventilation to clean linen/supply closets on both 100 and 200 halls on Tuesday 9/13/2011. Monitoring air flow, positive and negative, is included in the centers HVAC Preventative Maintenance Program conducted monthly by Plant Operations Director. Findings are reported to Performance Improvement committee at regular scheduled monthly meetings. Performance Improvement Committee includes Medical Director (quarterly), Executive Director, Director of Nursing Services, Asst. Director of Nursing, Case Manager, Staff Development Coordinator, MDS Coordinator, Nutritional Services Manager, Business Office Manager, Activity Director, Social Services and Admissions Director.</p>	9/20/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

*Executive Director*

(X6) DATE

9/9/11

deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.